|   |         |           | ,                                  | Application or Docket Number |   |                  |        |                   |                         | ĺ           |                            |                        |   |
|---|---------|-----------|------------------------------------|------------------------------|---|------------------|--------|-------------------|-------------------------|-------------|----------------------------|------------------------|---|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  OH92971   |         |           |                                    |                              |   |                  |        |                   |                         |             |                            |                        |   |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |         |           |                                    |                              |   |                  |        | SMALL ENTITY TYPE |                         |             | OTHER THAN<br>SMALL ENTITY |                        |   |
| FOR   |         |           | NUMBE                              | RFILED                       | NUMBER 6                                    | NUMBER EXTRA     |        |                   | FEE                     | 1 1         | RATE                       | FEE                    |   |
| BASIC FEE   |         |           |                                    |                              |   |                  |        |                   | 345.00                  | OR          |                            | 690.00                 |   |
| TOTAL CLAIMS  |         | 9         | minus 2                            | ?O= •                        | •   |                  |        | 1                 | OR                      | X\$18=      |                            |                        |   |
| INDEPENDENT CLAIMS  |         | 2         | minus                              | 3 = -                        | •   |                  |        | /                 | OR                      | X78=        |                            |                        |   |
| MULTIPLE DEPENDENT CLAIM PRESENT  |         |           |                                    |                              |   |                  |        | 30=               |                         | OR          | +260=                      | /_                     |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |         |           |                                    |                              |   |                  | TO     |                   |                         | OR          | TOTAL                      | 690                    |   |
| Column 1) (Column 2) (Column 3)   |         |           |                                    |                              |   |                  |        | ALL I             | ENTITY                  | OR          | OTHER<br>SMALL             |                        |   |
| EMT A   |         | REM<br>Af | AIMS<br>IAINING<br>FTER<br>NDMENT  |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA     | ΤE                | ADDI-<br>TIONAL<br>FEE  |             | RATE                       | ADDI-<br>TIONAL<br>FEE |   |
| Total Indep   | ·       | . (       | 9                                  | Minus                        | H   | =9               | X\$    | 9=                | . /                     | OR          | X\$18=                     |                        |   |
| Indep   | pendent | ٠         | <u> </u>                           | Minus                        | <u>3</u>                                    | =0               | ХЗ     | 9=                |                         | OR          | X78=                       |                        | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |         |           |                                    |                              |   |                  |        | i0=               | //                      | OR          | +260=                      |                        | t |
| 6   | 1124    | 19        | _                                  |                              |   |                  | L      | OTAL              |                         |             | TOTAL<br>ADDIT, FEE        |                        | ╀ |
| 7   | 19      | _ (Col    | umn 1)                             |                              | (Column 2)                                  | (Column 3)       | AUUIT  | . FEE             |                         | •           | ADDII. FEE                 |                        | ĺ |
| ENT B   |         | REM<br>Al | AIMS<br>IAINING<br>FTER<br>NDMENT  |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA     | TE                | .ADDI-<br>TIONAL<br>FEE |             | RATE                       | ADDI-<br>TIONAL<br>FEE |   |
| Total Indep   |         | •         | 7                                  | Minus                        | 20  | = 8              | X\$    | 9=                |                         | OR          | X\$18=                     | 1                      |   |
| Indep   | pendent | • /       | 1                                  | Minus                        | ··· B                                       | = 0              | ХЗ     | 9=                |                         | OR          | X78=                       |                        | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |         |           |                                    |                              |   |                  |        | 0=                |                         | OR          | +260=                      |                        | - |
| 12413/04  |         |           |                                    |                              |   |                  |        | OTAL<br>FEE       | 2                       | OR          | TOTAL<br>ADDIT. FEE        |                        | - |
| (Column 1) (Column 2) (Column 3)  |         |           |                                    |                              |   |                  |        |                   |                         |             |                            |                        | ] |
| AMENDMENT C   |         | REM<br>Al | LAIMS<br>MAINING<br>FTER<br>NDMENT |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA     | TE                | ADDI-<br>TIONAL<br>FEE  |             | RATE                       | ADDI-<br>TIONAL<br>FEE |   |
| Total   |         |           | 7                                  | Minus                        | 20  | = 7              | X\$    | 9= ·              | 1                       | OR          | X\$18=                     | 1                      | 1 |
| Inde  | pendent | •         | 1                                  | Minus                        | (3)   | = 4)             | X3     | <br>9=            |                         |             | X78=                       | /                      | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |         |           |                                    |                              |   |                  |        |                   |                         | OR<br>-     |                            | /                      | 1 |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |         |           |                                    |                              |   |                  |        |                   |                         | OR OR       | +260=                      |                        |   |
|   |         |           | reviously Pa                       |                              | S SPACE is less that                        |                  | ADDIT. | FEE               |                         | - :<br> ~'` | ADDIT. FEE                 |                        | 1 |